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The personal meaning of romantic relationships for young people with psychosis

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Abstract

Romantic relationships are of particular importance to young people, and play a key role in the transition from adolescence to adulthood. Psychosis typically develops during late adolescence or early adulthood, a crucial period for gaining romantic experience. The significance of these relationships for young people with psychosis has never been explored. Eight participants were interviewed about their experiences and perceptions of romantic relationships using a semi-structured interview. The research was conducted using Interpretative Phenomenological Analysis (IPA). Five overarching themes emerged, suggesting that participants experienced conflict regarding romantic relationships, as they considered such relationships incompatible with psychosis, whilst they also associated them with normality and recovery. Relationships were perceived to be “risky”, and participants were concerned with strategies for reducing these risks. Respondents typically perceived themselves to have a relative lack of experience and resources, making it more difficult for them to engage in romantic relationships. As romantic relationships are associated with a range of personal and social benefits, young people who have experienced psychosis may benefit from services supporting them in negotiating stigma and facilitating their involvement in romantic relationships.

Keywords

early intervention, interpersonal relationships, psychosis, qualitative, young people

Introduction

Background

For most people, close relationships are an important part of what makes life meaningful (Argyle, 1987). Dating relationships are among the most important concerns in the lives of young people (Furman, Brown, & Feiring, 1999). These relationships are significant in the development of identity, increased independence and autonomy (Collins & Sroufe, 1999; Erikson, 1968; Furman, Ho,

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& Low, 2007). They are a key factor in the transition from adolescence to adulthood, facilitating the way into adult partnerships and the next phase of life in the general population.

Hinde (1997) proposes that “relationships can be seen as narratives, and the self as including, and largely constituted by, the narratives of experienced relationships” (p. 40). The episodes of our romantic relationships thus provide us with constitutive, dramatic events: “It is the major victory, the danger withstood, the return of a lost loved one, and so on, that furnish one most acutely with a sense of self.” (Gergen & Gergen, 1988, p. 26). Thus, love’s importance may be that it addresses a fundamental human question for us – it is a cultural mechanism for telling us who we are. Despite the fundamental importance of romantic relationships for psychosocial development, the significance of these relationships for young people with psychosis has not been explored.

People with psychosis frequently report social isolation and difficulty maintaining intimate relationships (Jablensky et al., 1992). Poor social functioning in people suffering from schizophrenia is such a defining feature that it is included in the diagnostic criteria (American Psychiatric Association, 1994). Despite difficulties with social interaction, people with psychosis have been found to desire more social contacts and better quality relationships (Harrop & Trower, 2003; Jablensky, 1999).

Work with non-clinical adolescent groups would tend to suggest that peer status, associated with social competence and acceptance by peers, is the most important factor for individuals to engage in romantic relationships (Collins & Sroufe, 1999). Not surprisingly, Zimmer-Gembeck, Siebenbruner and Collins, (2001) found that young people who took on some form of romantic commitment felt they fitted in better with their peer group. This would suggest that engaging in dating relationships could promote a sense of connectedness and peer social status which are often impoverished in young people with psychosis. It seems likely that they would benefit from professional support in overcoming initial barriers to inclusion.

The literature on young people’s relationships has emphasized the increasing need to explore links between romantic development and overall adaptation, particularly focusing on what happens outside the realm of typical development (Collins & Sroufe, 1999; Seiffge-Krenke & Shulman, 2001). For young people with psychosis, these ideas about the importance of developing romantic relationships need to be placed in the wider context of difficulties experienced in forming and maintaining successful social and peer relationships more generally.

Psychosis and psychosocial development

Psychosis typically develops in late adolescence or early adulthood (Riecher-Rossler, & Hafner, 2000), a crucial period for gaining experience and forming relationships with potential romantic partners. The experience of psychosis can fundamentally interrupt social role transitions like finding a partner, getting a job and becoming independent (Seltzer, Greenburg, Kruass, & Hong, 1997). Disruption of social development during this critical period can have a disastrous impact on individuals’ future opportunities. In order to facilitate psychological intervention specifically geared towards the relationship needs of this group we need further understanding of the main issues.

There is also likely to be a “Catch 22”. One of the largest prospective studies in the field of mental health to date, Malmberg, Lewis, and David (1998), found that not having had a girlfriend was one of the highest risk factors for the development of schizophrenia. The absence of a spouse or long-term partner has repeatedly been identified as a key risk factor (Castle, McGrath, & Kulkarni, 1998; Jablensky & Cole, 1997) in the development of psychosis. These findings suggest that romantic relationships may have a protective influence. Without additional support, young people at risk of psychosis are unlikely to benefit from this protective effect, given that they are already likely to be experiencing social difficulties (Hafner, 2003)

Despite the positive correlation between romantic relationships and wellbeing, relationships with the opposite sex are also associated with our most negative emotions (Wilson-Shockley, 1995). Romantic break-ups are high risk factors for depression and suicide in young people (Donald, Dover, & Correaludez, 2006; Joyner & Udry, 2000). Unhappy marriages are increasingly recognized to be worse for psychological wellbeing than divorce, or remaining single (Williams, 2003). Bearing these issues in mind, it might be that, for some people, avoiding these sorts of relationships is actually safer.

It has recently been shown that much of the distress stemming from psychosis is closely linked to the way in which people make sense of their experiences (Birchwood & Trower, 2006). It has been acknowledged that “to be most supportive in supporting patients’ efforts towards recovery, it seems advisable to place patients’ perspective and experience at the centre of conceptualizations of treatment and rehabilitation” (Davidson, Stayner, & Haglund, 1998). A qualitative approach is also particularly pertinent in the study of relationships, especially in the absence of any previous research in this area. This study employs Interpretative Phenomenological Analysis (IPA), which is concerned with trying to understand individuals’ personal perceptions. This explorative research method provides a framework for understanding experience, whilst maintaining a critical and reflective stance (Smith, 2003). It is essentially an idiographic method, which is important for capturing the personal meaning of “relationships” to participants. Thus, in this study we set out to explore the meaning of romantic relationships from the perspective of young people who have experienced psychosis.

Method

Participants

We set out to sample purposively, as is standard practice with IPA work (Reid, Flowers, & Larkin, 2005). We aimed to engage with young adults who had experienced psychosis, and who were willing to talk with us about their experiences and expectations of romantic relationships, in that context. Ethical review and approval was provided by a formal NHS Research Ethics Committee. Potential participants were identified and contacted via three mental health services in Birmingham and Wolverhampton (except for one participant who was recruited through the voluntary sector).

Eight people took part (see Table 1). With the exception of one participant they had all been brought up in this country, and continued to live in the cities of their birth (although some had left and returned). All of the participants had a medical diagnosis of schizophrenia and had experienced at least one episode within the preceding three years. As the majority of participants were recruited from Early Intervention (EI) services, there was an inevitable degree of ambiguity around diagnoses. They were all considered to be in remission at the time of the interview and continued to receive secondary care. Participants are referred to by pseudonyms, which they chose themselves.

Context

The study took place in the West Midlands, a highly populated and traditionally industrialized area of Britain. The population is ethnically and culturally diverse, and this is reflected in the sample of young people who took part. It may also be that urban life provides young people with a particular set of expectations about forming romantic relationships. For example, we might speculate that our participants would expect romantic relationships to develop more quickly, or at an earlier age, than

Table 1. The participants

Participant	Age	Sex	Relationship history	Education	Vocational circumstance	Living arrangement	Experience of schizophrenia
Leane	31	F	> 1 RR, > 1 F; mixed gender	11 years Left school at 16 Attendance of college	Part-time paid employment Also attending adult education	Living in supported housing since leaving home in teens	Initially experienced difficulties in early twenties
Nadia	24	F	None	14 years Left school at 18 with A levels Ongoing	Part-time voluntary work Full-time degree course	Living in supported housing since hospitalization	First signs of difficulties at age 17, 1 hospitalization aged 20
Ali	21	M	1 previous RR, > 1 F; same sex	10 years Left school at 15 13 years Left school at 16	Currently unemployed, previous temp. positions Currently unemployed, attending FE college part time	Living at home with one parent and sibling Living at home with parents	Initially experienced psychosis aged 20 Initially experienced psychosis aged 17
Phil	24	M	No RR, > 1 F; same sex	Ongoing 13 years Left school at 18 with A levels	Unemployed, not worked recently	Living at home with parents	Initially experienced psychosis aged 23
Carl	24	M	> 1 RR, > 1 F; mixed gender	18 years A levels + Degree Ongoing	Long-term sick Previously worked full time in skilled job for 2 years	Living independently since leaving home	Initially experienced psychosis briefly aged 17
Isobel	27	F	> 1 RR, > 1 F; mixed gender	15 years Left school at 18 with A levels, 2 years of HE Ongoing	Part-time vocational qualification	Living in supported housing, awaiting own flat	Initially experienced psychosis aged 23, 2 hospitalizations
Nathan	27	M	None	13 years Left school at 18 No F	Currently unemployed Previous full-time work in health care setting	Living independently for last 6 years (following brief period in a hostel)	Initially experienced psychosis aged 23, 1 hospitalization
Jay	25	M	1 previous RR, No F				

RR = Romantic relationship

> = More than

F = Friendship

None = No history of significant peer relationships

participants drawn from rural areas, whose expectations might be framed by more conservative values, and in the context of a more dispersed population.

All of the young people had been supported by EI services, and thus would have received a number of psychosocial interventions. Although romantic relationships would not usually be a specific goal of such interventions in EI, it is likely that the development of successful relationships would make sense, as an achievable goal, within the context of EI's psychosocial programme. We might reasonably speculate that our participants may therefore have more positive expectations of their likely success with romantic relationships than young people who have *not* received EI support.

Researchers

All of the researchers involved in this study are psychologists and consequently draw upon multi-theoretical understanding of psychosis. In general psychologists tend to think about psychosis and other mental health difficulties in terms of individual symptoms and formulation, relying less heavily on diagnosis. Naturally psychosocial interventions are of particular interest, hence the focus here on relationships.

Data collection

Potential participants were given an information sheet outlining the background and purpose of the research by their care-coordinators prior to meeting with the researcher. Following discussion with care-coordinators, individuals were offered the opportunity to discuss the study further with the researcher and ascertain whether they wished to take part. Those who did were interviewed by the first author at their preferred location: at supported housing sites, within familiar clinical settings, or at the university. The interviews lasted between 40 minutes and one hour in duration. We developed a flexible interview schedule (see Table 2) to guide the topics of discussion. This was employed in an adaptable format, in order to enable participants to speak about matters which were important to them, as is typical in IPA research (Smith, 2005).

Time was set aside at the end of each interview to allow participants the opportunity to debrief, and to check out whether the interview had brought up difficult feelings. Participants were reminded that they could contact their care-coordinators, or alternatively talk to an independent volunteer at RELATE, should they wish to speak to someone after the researcher had gone. There was no indication that any of the participants felt they would need to do this, although a couple of people talked about having previously accessed independent counselling services over relationship issues. A procedure was in place where participants' care-coordinators could be contacted, with the knowledge of participants, in the event of clinical issues arising that required further attention. No situation arose which required us to do this.

Interviews were audio recorded, and then transcribed verbatim for semantic content (Smith & Eatough, 2006). Transcripts were anonymized as they were transcribed. Audio recordings were destroyed once the analysis was complete.

Data analysis

Interpretative Phenomenological Analysis was employed to guide the data collection and analysis. The premise is to gain a detailed and systematic account of how participants make sense of the things that matter to them (Smith, 2003). The first author began the process, by reading the transcripts, and making preliminary notes to reflect upon (and to some extent, bracket off) her initial observations and recollections of the participants' accounts.

Table 2. Interview topic guide

Broad interview topics	
(a)	The type of people they enjoy spending time with
(b)	What they may look for in a potential girlfriend or boyfriend
(c)	Expectations around the development of a relationship and potential implications
(d)	Perceived advantages and disadvantages of having a romantic relationship and what might prevent individuals from having one
(e)	Possible effects of having experienced psychological difficulties on the relationship
(f)	Perceived or real responses of the support network and how these are understood
(g)	How services could further facilitate the development and management of these relationships in this client group

She then carried out detailed line-by-line coding of the transcripts, focusing on the experiential claims and concerns of participants. These were reviewed and further developed in consultation with the second author, who offered reflections on analytic process and content. The analysis then moved towards the identification and interpretation of salient patterns and themes. Summary tables were produced for each participant. These were reviewed and discussed by all three authors, and then integrated into an inclusive list of main themes, reflecting the experiences of the group as a whole (Willig, 2001).

Credibility

We adopted a number of strategies to improve plausibility and transparency in our analysis. Firstly, we began by analysing small chunks of data, which were later checked against broader themes taken from the dataset as a whole; this process of cross-comparison was carried out in a cyclical manner, throughout the analysis. We also attempted to identify and accommodate those accounts which did not correspond with our developing view of the data (i.e., deviant case analysis). The first author took part in regular peer discussions with two different qualitative research groups at the University of Birmingham and University of Warwick; the groups offered opportunities to exchange samples of data to enable other researchers to challenge or validate the researcher's interpretations. Authors two and three also provided a degree of "triangulation" on the emergent analysis, throughout.

Analysis

The ways that young people with psychosis make sense of romantic relationships, and the meanings they give to the experiences they have, are presented as five overarching interrelated themes. See Figure 1. This section draws on participants' accounts to demonstrate and elucidate the range of ideas within each overarching theme.

Overview

As can be seen on the left hand side of Figure 1, three themes emerged from participants' accounts, about what made it difficult for them to engage in romantic relationships. Two of these themes were counterbalanced by corresponding themes with a more positive focus. In the first theme "Romantic relationships as incompatible", participants talked about psychosis as

<p>(1) Romantic relationships as incompatible:</p> <ul style="list-style-type: none"> – lack trust of self – lack trust of other – negotiating identity 	<p>(2) Romantic relationships as normalizing:</p> <ul style="list-style-type: none"> – important part of life – outward sign of recovery – personally beneficial
<p>(3) Romantic relationships as high risk:</p> <ul style="list-style-type: none"> – traumatic – difficult – reactions of others – threat to self – being used 	<p>(4) Risk reduction:</p> <ul style="list-style-type: none"> – trust – taking it slow – friendship – understanding
<p>(5) Lack of experience/ resources:</p> <ul style="list-style-type: none"> – difficulty meeting people – conventional expectations – experience – difficulty reading romantic signals – lack of confidence and energy 	

Figure 1. Diagram to illustrate interrelated themes of how young people with psychosis make sense of romantic relationships.

meaning that they would be unable to engage in romantic relationships. In particular they talked about difficulties with trusting themselves and other people, and the ways in which romantic relationships were incongruent with their identities as young people who had experienced psychosis.

On the other side of this, participants largely associated romantic relationships with normality, as presented in the second theme, “Romantic relationships as normalizing”. Participants talked about the attainment of a romantic relationship as a positive achievement for themselves, both personally and socially. The participants perceived that others expected young people to form romantic relationships, and that involvement in these relationships could facilitate the transition away from psychosis into normality. However, romantic relationships as a form of transition away from psychosis were also ruled out on the basis of their previous experiences. In other words, the participants appeared to be blocking their own paths back to their own perceptions of normality. Despite the evident contradictions and tensions between these themes, they are corresponding aspects of romantic relationships, psychosis and identity.

The third theme to emerge from the interviewees’ accounts was about how romantic relationships were perceived to be “risky” by these young people. Relationships were associated with trauma, either from participants’ own experiences, or from the romantic relationships of those close to them. Participants expressed fears of losing themselves, and becoming dependent or overly influenced. The threat of things going wrong seemed to be too much to bear. In an effort to protect themselves from the potential dangers associated with romantic relationships, participants talked about ways of reducing the risks, thus the fourth theme to emerge from the data: “Risk reduction”. The strategies commonly employed included: placing increased emphasis on trust and fidelity; developing relationships gradually and with caution; using friendship as a gateway, a precursor and as an additional source of security within relationships; and seeking others with an understanding of mental health difficulties. These considerations appeared to reflect the different aspects of people’s experiential relationships to the phenomenon of risk, and they offered different ideas about how this might be managed.

The fifth theme that emerged was around participants' "Lack of experience and resources". The young people talked about the difficulty of meeting potential partners, their lack of experience, and a general lack of confidence. Finally, participants worried that they did not have the energy or the practical facilities to engage in relationships; and in contrast to the previous barriers, they seemed to see few ways around this.

Overarching themes¹

(1) Illness as incompatible. One of the key themes to emerge from the transcripts was around psychosis being perceived as a barrier in the formation, and maintenance, of romantic relationships. Participants described their experiences of psychosis as incompatible with having a romantic relationship. It seemed that for all of the young people interviewed, sense of self was intricately related to the experience of psychosis, as Nadia said:

It's really difficult as a mentally ill person to actually meet people who I feel/ 'cos mental illness is ... don't know if this is right but a lot of people my age haven't had any kind of ... so I feel quite isolated in that respect.

The quote illustrates a sense of disconnection from the peer group, and suggests concern about being unable to relate to or identify with others at the same stage of life. Participants worried about being different, and that they would be unacceptable to others who had not experienced psychosis.

It was also apparent that the majority of the participants experienced distrust in their abilities to manage a relationship, in conjunction with their experiences of psychosis:

Erm, because at the moment I'm having blackouts, I'm not too ... I'm not very trusting in myself to do anything else. (Phil)

It is clear from this extract that Phil does not feel able to consider a romantic relationship at the moment, as a consequence of his experience of psychosis. This absence of self-trust is evident in the majority of the participants' accounts with the underlying suggestion that the demands of a romantic relationship are not feasible in conjunction with acute psychosis.

Participants' lack of self-trust was confounded by not trusting others to understand or accept them, as Leane anticipated: "They might be scared or shocked". These sentiments were echoed across accounts, where participants viewed psychosis as an issue that others cannot be trusted to tolerate.

Furthermore, a number of the young people interviewed expressed fears about how they might be perceived by the other person's family or friends, highlighting their low self esteem:

If I didn't think the family liked me then that'd be a barrier, one of the main barriers you see. If there was part they weren't interested in or they didn't think I was good enough for her, or that I was worthwhile, that'd be a barrier for me. (Nathan)

Many of the participants indicated that they expected it to be difficult in the context of a romantic relationship, to negotiate their status as someone who had experienced psychosis. Participants talked about how they would present themselves: not disclosing it, playing it down, or referring to their difficulties as depression as opposed to psychosis:

So if I did tell anybody it would be very casually. If I were to sort of get close to them ... settle down with them, then I probably would but it'd be hopefully be from that very detached perspective. I'd probably,

hopefully be able to laugh about it and say 10 years ago, 20 years ago this is what happened, you know, but I wouldn't want it to be like the centre of the relationship or anything like that. (Nadia)

Here Nadia re-positions herself, not as someone who has experienced psychosis, but as someone who can be a romantic partner. The requirement to negotiate identities seems to be underpinned by the young people's sense that romantic relationships and psychosis do not mix. Thus there is paradox evident in the participants' accounts, symbolized by the conflict between the first two themes.

(2) Relationships as normalizing. Romantic relationships were positively valued by the majority of participants, seen as an essential part of being human. Many said that they thought others would see it as a sign of their recovery. As Leane said in relation to her peer group:

I think they'd be pleased for me 'cos I found someone ... I'm not just hiding behind my mental health problems ... I'm getting on with life and doing things just like any other young woman.

The quote emphasizes the positive attributions that a number of participants anticipated from either friends, or family, in response to their starting a new relationship. There is an acknowledgement of the social construction that romantic relationships are "what young people normally do", and therefore this is what others hope for them.

All of the participants talked about how they expected a romantic relationship to benefit them personally, in one way or another. There appeared to be an underlying hope that a relationship could make things better: "It would give me confidence and I would be strong" (Ali). Comments such as this illustrate the way that participants perceived romantic relationships to be linked to self-confidence, believing that they would feel more positive about themselves. They anticipated reduced social isolation and increased balance in their lives, both internally and externally:

It might make me a more rounded person. Might not be so, so jagged. (Jay)

Some of the things I usually do, on my own, in my spare time I'd start spending time doing with her as well. (Nathan)

Simply being involved in a romantic relationship seemed to signify less identification with psychosis and more with normality. If having a romantic relationship is perceived to be normalizing, and offering a range of benefits – from someone to share life with, to the ultimate panacea – then the dangers if it does not work out could be catastrophic. In keeping with this, participants strongly emphasized the potential risks involved in romantic relationships.

(3) Relationships as high risk. Those participants who had experienced relationships described being left with very difficult feelings. Their accounts emphasized the traumatic nature of relationships and endings. Ali used the analogy of bereavement to portray the extent of his distress in thinking about the ending of a previous relationship:

When talking about relationships it's very traumatic for me. It's like, it's like somebody has died yeah, and I have to talk about that person.

The metaphor emphasizes the depth of the loss suffered by this participant; it is experientially unbearable. In the absence of personal experiences, other participants talked about the horror of the

damaging relationships and bad break-ups that they had witnessed among family and friends. Nadia referred to someone's recent experience of a long-term partner leaving:

So it's affected her and it's really dented her confidence an' to quite an extreme actually, she's not been herself at all [...] I've seen the impact on her life ... and I just think I don't want it ... that to happen to me.

Relationships are therefore viewed with ambivalence. On the one hand, they are considered normalizing and beneficial (as discussed in theme 2). On the other hand, they are associated with a high degree of risk from a range of potential threats. This ambivalence may be partially understood in the context of these young people's experiences of other relationships. Throughout the interview process, participants talked about difficulties in the other relationships in their lives. It seemed that there were struggles around interaction in general, specifically in negotiating the boundaries of proximity. Many of the participants advocated high levels of privacy in an attempt to keep other people out.

As soon as they [other residents] found out they'd be asking questions want to know about one's private things and I wouldn't really want that to happen. Just keep it separate, private from them, private from my family as well. (Nathan)

Although participants expected some of the key figures in their support networks to be affirming of them developing romantic relationships, there was also ambivalence. Often families were anticipated to respond well in contrast to peers, or vice versa, but none of the interviewees expected unanimous support.

Oh my family aren't supportive ... they've got too many problems ... they never, I mean all the relationships I've been in, my mum and dad never supported me, they never liked them. My mum used to say that they're not good enough for you ... and used ... and used to try ... to try and put me off relationships. (Leane)

From this extract it is possible to get an impression of the conflict experienced from intrusive involvement by significant others. The need for distancing, to avoid this type of conflict, is evident throughout the majority of accounts. There seemed to be an underlying concern that a romantic relationship would not be safe in the context of participants' other relationships. Relationships were seen to be vulnerable to the scrutiny and judgement of others. This may be due to the lack of confidence in one's relational skills (due to lack of prior experience) and a concern that others with more experience may find them wanting. Alternatively, it may be due to a lack of the privacy that is required for the development of trust and intimacy (young people with psychosis are subject to a lot of surveillance by professionals and concerned family members).

In addition to boundaries with other relationships, many of the participants were also concerned with the issue of boundaries within romantic relationships. Participants talked about fears of being overly influenced and losing their individuality.

I suppose if you feel strongly enough as a person yourself then um, then you won't be ... you could sort of go out with anybody and still retain your own personality. (Nadia)

The potential for this type of relationship to become all-consuming seems to be a source of anxiety. Participants talked about the sacrifices they thought they would have to make. The main worries were around having less time, and loss of independence and autonomy. For a number of participants there was an expectation that "You'd have to plan your life around them" (Jay), and there was

a concern about having to adapt to the needs of others (as opposed to, say, mutual compromise). Isobel described how she had previously lost her sense of self, in an attempt to fit in better with what she thought her partner might want:

So if I like him that much and I'm not feeling secure [...] then I probably try to be a bit more how he wants, just to please him, and just to keep the relationship.

The quote suggests a sense of it being unacceptable just to be herself and a fear that this would lead to ultimate rejection. In an effort to avoid rejection it was felt to be preferable to mould herself into another form that might be preferable to the other, and in doing so, lose sight of who she is. Similar to most people in relationships (Duck, 1991), participants appeared concerned about maintaining a balance between responding to the needs and wants of the partner, and retaining integrity, however their accounts tended to reflect extremes, and the underlying fear of being taken over.

There appeared to be one element of risk that was gender specific. A fear of "being used" emerged repeatedly from the female participants' discussions about men's risky attitudes to relationships. Interestingly, the male participants seemed to be less likely to talk about sex, a point that is brought up in the discussion.

With so many potential risks being prevalent in these young people's discourses, it is hardly surprising that romantic relationships are regarded with ambivalence. As previously presented however, romantic relationships were also perceived as beneficial and normalizing. In order to engage in these types of relationships, participants talked about a number of strategies to reduce to perceived risks, as discussed next.

(4) Risk reduction. In describing what would be most important in a potential partner many of the participants emphasized trust;

I think trust is really important. If you can't trust them then you have no basis for anything because nothing can build up from that. (Isobel)

The majority of accounts suggest that for these young people, trust is a particularly vital ingredient, without which the formation of romantic relationships would not be possible. The emphasis on trustworthiness as an important quality, and trust as a prerequisite for relationships, can therefore be seen as a way these young people tried to compensate for their mistrust (explored in the first theme), and hold their anxieties in check.

Needing to build trust may have been one of the main reasons for another safety measure that emerged from the interviews, regarding the rate at which relationships were expected to develop. Almost all participants' accounts highlighted caution in the early stages of relating, emphasizing a desire for gradual development of close relationships. As Nathan said:

Go spend time with her, you know, in her house an' take it from there. And I wouldn't sort of rush it ... take it ... to the ... take it step by step.

For many participants there was a reluctance to get emotionally involved without really knowing the other person. This seemed to reflect a number of different agendas – from not wanting to get hurt or used, to ensuring that things developed at a manageable pace. Ultimately, however, these young people's accounts illustrated the importance of stability and predictability, fundamental to mental health. Isobel spoke of how this careful approach had been rewarding, bringing in the concept of friendship as an important part of the process:

Though I know it's not going to be the man of my life, but it's nice to be with someone that you can grow a friendship and you can grow trust with ... and that makes me more stable and more human as well.

The idea of nurturing something that, with care and attention, can grow to maturity, and subsequently provide support, is clearly important. When this happens, we would expect relationships to be normalizing and to help young people feel connected to others (as explored in theme 2).

As many of the participants pointed out, romantic relationships are also closely related to friendship. Friendship was identified as a central safety measure: a natural way of meeting the need for trust and gradual relationship development. In addition it was perceived to be a good gateway into relationships, from a number of perspectives. Initially, meeting other people through friends was seen to make things easier, in what was described as an otherwise daunting situation. As Phil said:

Probably with everybody it's more able to go out with their friends and then to actually to make er ... connection with somebody else.

From this statement it is easy to recognize how much more manageable the task of meeting someone is perceived to be in the context of pre-existing relationships, and an appreciation that this is universal. Participants talked about enjoying seeing people around, or gradually becoming more familiar in shared settings like at work, college or university. Acquaintance and subsequently friendship were seen to provide the opportunity to get a measure of another person before getting more involved. As Jay put it:

You can dip your toe in the water, so to speak, yes and experience what they're like, see whether you like 'em or not.

A final factor that was reported to be important for nearly all of the young people interviewed, was for potential partners to be understanding about their experiences of psychosis:

Hopefully they'd be a bit understanding and yeah ... understanding mostly ... and know that it was probably not in my control or anything. (Phil)

Phil also seems to hold an implicit hope that he will not be held accountable for what has happened to him, and that this will not overly influence the other persons' perception of him. There seems to be a strong desire for a partner's thoughtfulness and consideration. It repeatedly emerged that participants felt flawed, and they thought that a potential partner would have to be someone who could be sympathetic to the difficulties they had experienced, and not judge them critically on this. Naturally, professionals were likely to take this position, a cause of confusion for one participant who talked about having fallen for various support workers. Alternatively, participants sought to increase the chance of understanding within a relationship through getting involved with other people who have experienced similar difficulties. For instance, more than one young person talked about how it might be important for a potential partner to have gone through some of the same kind of early trauma:

I feel that they've got to have gone through tough times for me to take 'em seriously. (Jay)

The quote indicates awareness of the interactive nature of what is being sought, in other words that there is potential for both people in the relationship to understand each other's perspectives. The oldest and most experienced participant however expressed a different view:

I don't want someone with mental health problems this time. I want somebody, you know ... who's alright. I still have mental health problems and it's hard to cope with.

Here Leane demonstrated awareness of her own limitations, and the potential problem of getting involved with someone else who has similar difficulties. There is recognition of an increased need for personal support, coupled with a realization that someone similar may lack the capacity to provide this. In other words, partners too may lack the experience and resources that might be required for a more stable relationship. Interestingly, this participant had experienced psychosis over a longer period than the other interviewees, and in this context had received professional support over a prolonged period. Her awareness of the importance of experience and resources leads on to the next theme.

(5) Lack of experience and resources. From psychological resources like confidence, energy and robustness, to social resources like peer group and support network, many of the young people interviewed described comparative deprivation. Also, on a practical level, participants talked about lack of money to go out dating, and lack of anywhere private to spend time with someone. First and foremost the task of even meeting someone to go out with was perceived as a major challenge:

The thing is nobody ever said, you're single, how do you? What do you do about it? How do you go about being/ I mean obviously you talk to somebody these days off the road ... they start walking away from you, get intimidated by you, you know. You get all ... you feel upset. (Ali)

Ali illustrates his awareness that these attempts are futile. However, in the absence of knowing what else to do, he continues with this strategy despite knowing that he will alienate the other person and end up feeling rejected. In a highly insightful analogy he likens himself to a "salesman", and describes how this street technique is similar to "cold calling", where the people approached are not really customers.

Lack of experience was identified as another huge hurdle by a number of the young people. The majority of participants, particularly males, had little or no experience. For instance as Phil said:

I've never actually gone out with anybody, so I wouldn't 'ave a clue how to start anything.

The absence of any real point of reference is clearly an obstacle. Consequently, opportunities to experiment and gain experience of romantic relationships, when there is relatively little pressure, are lost. Once young people are into their twenties, it is almost as if the natural window of opportunity starts to close. It seems likely that it is harder to go through the initial emotional experimentation of early romantic relationships when one's peers have moved on to the next stage.

As a corollary of these young people's lack of experience, a number of them held highly-structured and conventional ideas about how they expected relationships to be.

Well during the day I might go to work, and in the evening ... you stay at home with them (and watch TV) or go out on the weekends. (Jay)

There is a sense that there is a right way of doing things, and this should be adhered to. Many of the young people referred to a set of stereotypical activities like going to the cinema, and out for meals in relation to what they would expect out of a relationship. It may be that, in the absence of their own points of reference, many of these young people fall back on more conventional ideas which are available to them from the people they know or through the media.

Many of the participants described difficulty reading romantic signals. It seemed that again in the absence of experience these young people struggled to interpret other people's intentions when there was ambiguity. A number of accounts implied very limited relationships with the opposite sex outside of the family. For instance Nadia talked about the difficulty of bonding with the opposite sex:

For me, when I first start getting to know someone male I always think I can't get as close to them 'cos there's always that barrier of you sort of think, 'Well I might fancy them, it's stupid', or you know, you get too close, they may think 'Why's she flirting with me?' ... and you're like, well no I'm not.

Clearly there are fears about getting close to the opposite sex and not being able to cope with the consequences. There is also concern about behaving inappropriately, illustrating awareness that there are different rules of social interaction with the opposite sex, without the knowledge of how to negotiate them. The majority of the young people interviewed talked about lack of confidence. As Phil said:

The biggest thing is the confidence I suppose. If you haven't got confidence you can't do anything else.

This claim epitomizes a sense of being unable to even begin, in the absence of the necessary psychological resources. It is suggested that following experiences of psychosis this can easily become a vicious circle: without confidence people feel unable to approach novel situations and gain the necessary experience, in order to build confidence and self esteem (Fennell, 2001).

There is sense that while they are coping with the experience of psychosis and recovery, there is no spare energy or resources to be invested into anything or anyone else. Paradoxically, it is often other relationships and interests that actually facilitate coping and serve to replenish energy and confidence.

Discussion

This study set out to explore the meaning of romantic relationships to young people who have experienced psychosis. The overarching themes to emerge suggest that participants experienced a number of challenges that make it difficult for them to engage in romantic and intimate relationships. However, all of the young people interviewed were drawn to the prospect of having romantic relationships, when they are not actively experiencing psychosis. Romantic relationships were associated with normality and positive identity. The participants considered a number of strategies for managing a range of perceived risks and barriers. Partly as a consequence of their experiences of psychosis, these young people often lacked experience, knowledge and resources, highlighting some important areas for psychosocial intervention.

A contradiction concerning romantic relationships pervaded participants' accounts. There was conflict between participants' perception that romantic relationships are associated with normality and hence desired, and the emergent sense that they are incompatible with psychosis. This conflict is understandable and may be an obstacle to the possible route to recovery through romantic involvement (as discussed in the analysis). It seems important for health care professionals to be

aware of the contradictions that might be present for young people, particularly given the transitional value of these relationships, in terms of personal and social identity.

Participants talked about negotiating the stigma of psychosis in romantic relationships, in the context of how they might disclose their experiences to a potential partner. For some there was a sense that they would need to reposition themselves in relation to their experiences of psychosis, moving away from this aspect of identity. This seems to resonate with the concept of self-stigma, described as the reaction by mental health consumers to themselves in the context of their experiences of mental illness/and or public stigma (Corrigan, 2000). This sense of stigma engenders feelings of isolation and exclusion that are thought to inhibit the establishment of close relationships needed for recovery (Knight, Wykes, & Hayward, 2003). The development of intimate relationships may be important for overcoming stigma, particularly through the experience of acceptance. We might speculate that therapeutic intervention would be best placed to help people break out of this vicious cycle. Our study highlights the very personal and relational impact of stigma. This illustrates the usefulness of having taken an idiographic approach, hence enabling more abstract concepts to be grounded in meaningful lived experience (e.g., see Knight, Wykes, & Hayward, 2003).

The young people in this study appeared to identify romantic relationships with social status, normality and a desire for companionship; typically in keeping with the experience and expectations of young adolescents (Furman et al., 2007; Shulman & Kipns, 2001). With the exception of the oldest participant there were very few references to intimacy or support, qualities commonly associated with adult romantic relationships (Duck, 1994).

Many young people who have experienced psychosis will fall behind their peer group, in terms of romantic development (as a consequence of their experiences of psychosis). Work with adolescents has found that thoughts about the opposite sex tend to occupy increasing "psychological space", as young people move into older adolescence (Richards, Crowe, Larson, & Swarr, 1998). It seems that many participants in this study may not have that "space" (due to increasing psychological difficulties at this point) and may have missed out on this stage of romantic development in late adolescence. Consequently many participants' expectations and experiences continued to resemble those of a younger group.

It is interesting that in contrast to the younger participants, the oldest interviewee talked extensively about a need for support; and the obstacles she experienced in attempting to find a suitable partner with the capacity to offer this. She was the only participant to have been involved in a long-term relationship, and it seemed that a very different set of needs were emerging, characterized by the desire for support and long-term partnership. It would be useful for future research to explore the relationship needs of other age groups of people who have experienced psychosis, as it seems that they are likely to be very different.

There were however many universal themes. Confidence, in particular, emerged as a major issue for all of the participants. They talked about lacking self-confidence, and how this was experienced as a barrier to meeting people, initiating romantic relationships, and generally achieving what they wanted in life. Furthermore they talked about how they anticipated that having romantic relationships would increase their confidence and self-esteem.

Much of the support that services provide to this client group is already geared towards increasing confidence and self-esteem: a range of therapeutic approaches have been found to be effective, especially Cognitive Behavioural Therapy (Hall & Tarrier, 2004). However, it is speculated that many of these young people could benefit from further support, focused on enhancing their confidence specifically regarding romantic relationships. Ideally this support would come from peers. It may be that professionals could facilitate young people in finding mixed-sex peer

groups, with whom they could discuss relationships, and potentially meet romantic partners. Work with adolescents has shown that involvement in “other-sex networks” is directly linked with the initiation of romantic relationships (Connolly, Pelter, Craig, & Costa, 2001). These settings are thought to give young people the opportunity to practise relationship skills in a relatively non-threatening way. A preference for establishing romantic relationships in this context was indicated by the majority of participants in this study; and these other-sex networks was a resource that many of them lacked.

For some of the participants, one of the most important concerns was around romantic involvement threatening their stability. Many of the young people interviewed seemed to feel they had not developed strong enough identities to prevent them being overly influenced by others. Hence there was a prevailing fear that individuals risked losing themselves in romantic relationships (as discussed in theme three). For some people, initial therapeutic intervention may be best placed in helping them to develop a secure sense of self, that could be more confidently retained in intimate relationships.

The participants’ association of romantic relationships with high risk may warrant further exploration. Research has found that people who perceive intimacy as less risky are likely to experience better quality relationships (Brunnell, Pilkington, & Webster, 2007), and are more likely to have romantic relationships (Pilkington & Richardson, 1988). It seems probable that many young people who have experienced psychosis could benefit from support in positively reframing their perceptions of intimacy and reducing expectations of risk. This may facilitate engagement in relationship promotion as opposed to self protection (Murray & Derrick, 2005).

This would certainly chime with the work of Hauser, Allen and Golden (2006), whose ambitious, longitudinal, qualitative study compared the developing narratives of two groups of young people who had experienced psychiatric hospitalization in adolescence. The participants in their study were identified as currently “resilient” (scoring above average on all measures of positive functioning) or “contrasting” (scoring at average levels on measures of positive functioning). One striking distinction between the two groups are the different meanings which they ascribe to relationships:

The kids all talk at first about terrible feelings of isolation. Relationships are depicted as barren and mean, and often dangerous. Yet the resilient kids observe other people very carefully, and think of relationships – even when they are anxious about them – as if they were greatly important. They pay attention to how they act in relationships, and to the effects of their actions on other people ... The contrast-group ... talk less about other people; they seldom recognize themselves as the common denominator in all of their connections; and the process of relationships – the way they work – seems not to interest them at all. (Hauser et al., 2006, p. 7)

Of course, this is an associative finding, but it is also one borne out of longitudinal and developmental observation. The suggestion that relationships might be protective is a plausible one. Improving young people’s understanding of the value of relationships, and their opportunities and resources for, relationship development looks to be an important goal. This, and the attachment narratives which are likely to underpin it, seems like an important area for further research.

Other potential forms of intervention might include programmes incorporating education and skills training around dating expectations and etiquette, to help young people in the initial stages. Furthermore, supported employment schemes and continued education could increase access to economic resources and social networks (Mueser & McGurk, 2004), thus addressing participants’ diminished resources for achieving romantic relationships. There may also be a role for increasing links with the voluntary sector for young people experiencing psychosis, as, certainly in Birmingham, people under 30 did not appear to be accessing these support services.

It is worth noting that some young people who have experienced psychosis do develop successful dating and romantic relationships, and this study may have tended to focus on the potential difficulties and barriers experienced. The researcher's gender may also have made it easier for female participants to talk about sex, particularly in relation to the fear of "being used". Male participants may have felt more inhibited on this topic.

An additional limitation of this study relates to the lack of homogeneity of the sample. Participants' ages ranged between 21 and 31 years and many of the issues that seemed at least partially related to age, were very different. The broad age-range inclusion criterion was considered necessary in order to be sure of recruiting a sufficient sample within the time constraints, because this group are notoriously over-researched and difficult to recruit. However it would be recommended that future research concentrates on more homogeneous samples in order to explore the issues in more depth and increase the potential to situate the findings.

The interpretation of this study will clearly have been effected by the various positions of the researchers as psychologists. The study is strongly linked with Early Intervention Services, premised on combining cognitive and medical approaches to understanding and treating psychosis. Furthermore the paper links into aspects of systemic thinking, a logical progression given the connection here with family work. The researchers are hence likely to have been influenced by current cognitive and systemic thinking in their interpretation of the transcripts and the identification of themes.

Clearly this research is preliminary, and should be viewed as an initial attempt to explore the meaning of romantic relationships for young people who have experienced psychosis. This area would benefit from further research including additional parallel studies with other comparable groups, for instance young people with other developmentally disruptive difficulties. It will also be important to consider the differential experiences and perceptions of different age groups, including those already involved in long-term relationships. This would help establish the extent to which the issues raised by these young people are similar to, and distinct from, those of others, enabling intervention to be better tailored towards the needs of specific individuals and groups.

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Note

1. All of the themes and sub-themes were substantiated by numerous quotes from across the group of participants and all of the young people who took part were well represented. Due to the limitations of space, a small sample of quotes has been selected for illustration. Interested readers are referred to the full version available from the first author.

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Chris Harrop gained both his PhD and ClinPsyD from Birmingham University, studying adolescent development in the context of psychosis with Professor Peter Trower. Following stints lecturing, he now works as a Clinical Psychologist in Hounslow, West London, in Early Intervention for Psychosis and Crisis Resolution Teams. His research is mostly around young adult issues such as friends, dating and sleeping-in late.